


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000002706  
 1. Entity Name  
 CLIENTECH, INC.



Principal Place of Business  
 26192 CONSTANTINE ROAD  
 PUNTA GORDA, FL 33983

Mailing Address  
 26192 CONSTANTINE ROAD  
 PUNTA GORDA, FL 33983

**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0007550	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORMIER, DANIEL W  
 26192 CONSTANTINE ROAD  
 PUNTA GORDA, FL 33983

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORMIER, DANIEL W 26192 CONSTANTINE ROAD PUNTA GORDA, FL 33983
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Cormier 7/4/05 941-743-0030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #